## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787			Attorney Docket No.: 116329  Date: June 23, 2003  MAIL STOP PATENT APPLICATION				
Customer Number:	25944	NO	NPROVISION	NAL APPLI RULE §		N TRANSM	ITTAL
Commissioner for Pate P.O. Box 1450 Alexandria, VA 22313							s. Pto 1444 
Sir:							6 U.
Transmitted herewith f	or filing under 37	C.F.R. §1.53(b) is the n	onprovisional p	patent applic	ation		10 10
For (Title):	MAGNETO-RESISTIVE DEVICE, MAGNETIC HEAD, HEAD SUSPENSION ASSEMBLY AND MAGNETIC DISK APPARATUS						
By (Inventors):	Takeo KAGAMI, Kazuki SATO, Takayasu KANAYA, Shunji SARUKI, Tetsuya KUWASHIMA						
Use Figure A Declaration a This application (A Preliminary This patent appl The execut An Information Entitlement to s A Preliminary A Priority of foreig A certified This application the invention d country, or unde	for front pand Power of Attornation is assigned ed Assignment is find Disclosure Statem and papication No. copy of the above is NOT to be publisclosed in this aper a multilateral introduction and calculated below:	ney is filed herewith. Provisional Application ched to reflect this clair to TDK CORPORATION TO THE TOTAL TO TDK CORPORATION TO	n in the Specifion.  e 27, 2002 in Japplication is fill 112(b). The uand will not be at requires publications publications but and will not be at requires publications.	cation if not  apan is claim led herewith ndersigned a be the subject	ned (35 U attorney o	.S.C. §119). or agent herel application f	iled in another filing. THAN A
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 375	<u>OR</u>		\$ 750
TOTAL CLAIMS	20 - 20	= *0	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	3 - 3	= *0	x 42 =	\$	<u>OR</u>	x 84	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is Check No. 1434	·	ter "0". of \$ <u>750.00</u> to cover the	TOTAL	\$ Exched Exc	OR ent as oth	TOTAL	\$ 750

Check No. 143411 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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